

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | |
|---|-------------------------------------|
| REISSUE APPLICATION DECLARATION BY THE INVENTOR | Docket Number (Optional) 1211-RE |
| <p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address and citizenship are stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number <u>5,897,316</u>, granted <u>April 27, 1999</u> and for which a reissue patent is sought on the invention entitled <u>ENDODONTIC TREATMENT SYSTEM</u></p> <hr/> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____ and was amended on _____ (If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verify belief the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows:</p> <p>Patent claim 10 recites a variation of sharpness of the cutting edges with distance from the largest diameter flute which conflicts with that which is set out in the specification. The description in the specification is correct. New claim 70 now corresponds to the specification.</p> | |

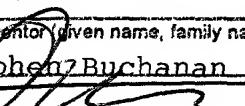
Declaration by Inventor:

All errors which are being corrected in the present reissue application up to the time of filing of this declaration arose without any deceptive intention on the part of the applicant.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--|---|-------------------------|-------------------------|---|----------------------------|---------------------------|--|--------------|---------|--|--|--|------|-------|-----|--|---------|--|--|--|-----------|-----|--|--|
| (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) | | Docket Number (Optional) 1211-RE | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table> <tr> <td>Name(s)</td> <td>Registration Number</td> </tr> <tr> <td><u>Henry M. Bissell</u></td> <td><u>19,200</u></td> </tr> <tr> <td><u>Henry M. Bissell IV</u></td> <td><u>42,329</u></td> </tr> </table> | | | Name(s) | Registration Number | <u>Henry M. Bissell</u> | <u>19,200</u> | <u>Henry M. Bissell IV</u> | <u>42,329</u> | | | | | | | | | | | | | | | | | | |
| Name(s) | Registration Number | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Henry M. Bissell</u> | <u>19,200</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Henry M. Bissell IV</u> | <u>42,329</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Correspondence Address: Direct all communications about the application to:</p> <table> <tr> <td><input checked="" type="checkbox"/> Customer Number</td> <td><input type="text"/></td> <td>→</td> <td>Place Customer Number Bar Code Label here</td> </tr> <tr> <td>OR</td> <td colspan="2">Type Customer Number here</td> <td>23711</td> </tr> </table> | | | <input checked="" type="checkbox"/> Customer Number | <input type="text"/> | → | Place Customer Number Bar Code Label here | OR | Type Customer Number here | | 23711 | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Customer Number | <input type="text"/> | → | Place Customer Number Bar Code Label here | | | | | | | | | | | | | | | | | | | | | | | |
| OR | Type Customer Number here | | 23711 | | | | | | | | | | | | | | | | | | | | | | | |
| <table> <tr> <td><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3">PATENT TRADEMARK OFFICE</td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> <td></td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td>Fax</td> <td colspan="2"></td> </tr> </table> | | | <input type="checkbox"/> Firm or Individual Name | PATENT TRADEMARK OFFICE | | | Address | | | | Address | | | | City | State | ZIP | | Country | | | | Telephone | Fax | | |
| <input type="checkbox"/> Firm or Individual Name | PATENT TRADEMARK OFFICE | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | ZIP | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | Fax | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Full name of sole or first inventor (given name, family name)</p> <p><u>Leonard Stephen Buchanan</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Inventor's signature</p>  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residence <u>2335 Foothill La.</u> | Date <u>April 16, 2001</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post Office Address <u>Santa Barbara, CA 93105</u> | Citizenship <u>United States</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Full name of second joint inventor (given name, family name)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inventor's signature | Date | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residence | Citizenship | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Post Office Address</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Full name of third joint inventor (given name, family name)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inventor's signature | Date | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residence | Citizenship | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Post Office Address</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |